

Field	Description	Data Type	Length
AGE OUT DATE	The date the Member became ineligible for the waiver program due to age	Date (MM/DD/CCYY)	10
CR	County of Responsibility	Number	2
DOB	Date of birth of the Member	Date (MM/DD/CCYY)	10
FIRST NAME	First name of the Member	Character	15
INELIGIBLE LOC DATE	The date the Member became functionally ineligible for the waiver program	Date (MM/DD/CCYY)	10
LAST NAME	Last name of the Member	Character	20
LOC END DATE	The date functional eligibility is ending for the Member	Date (MM/DD/CCYY)	10
MA END DATE	The date financial eligibility is ending for the Member	Date (MM/DD/CCYY)	10
MAID	Member ID	Character	12
RECERT DATE	The date the Member is due for recertification for the waiver program	Date (MM/DD/CCYY)	10

Predictive Disenrollment Report for Waiver Agencies (ELG-0086-M)